

# COBRA Monthly Health Care Benefits Rates

Effective January 1, 2013 – December 31, 2013

Make check payable to - State of Montana

## Medical Rates

<u>Available Plans</u>	<u>Choice</u>	<u>Classic</u>
COBRA Only	\$723.18	\$759.90
COBRA + Spouse	\$909.84	\$949.62
COBRA + Children	\$817.02	\$854.76
COBRA + Family	\$965.94	\$1,006.74

Rates include prescription drug plan URx

## Dental Rates

<u>Available Plans</u>	<u>Premium</u>	<u>Basic</u>
COBRA Only	\$35.70	\$17.85
COBRA + Spouse	\$54.57	\$27.54
COBRA + Children	\$53.04	\$26.52
COBRA + Family	\$61.20	\$30.60

## Vision Rates

<u>Available Plans</u>	<u>Rate</u>
COBRA Only	\$7.79
COBRA + Spouse	\$14.71
COBRA + Children	\$15.48
COBRA + Family	\$22.71

**Life Insurance** – COBRA does not provide for continuation of life coverage under the State Plan. Conversion forms for Plan A, B, C, and D are available upon request from Health Care and Benefits Division (406) 444-7462, (800) 287-8266, TTY (406) 444-1421, [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

**Medicare Eligibility** – NO health care benefits are allowed under the State Plan after a COBRA individual becomes Medicare eligible, unless the individual is Medicare eligible due to end-stage renal disease or Medicare eligible prior to electing COBRA.